

000012700

2000 MAINE CORPORATE SHORT FORM **INCOME TAX RETURN**

000012700

•	For Calendar 2000 or Tax Year Beginning in 2000					
FORM 1120A-ME	For Tax Period MM DD	_ от от	######################################	Federal	Employer ID Number	
Name				Check box if federa	I Form 990T filed	
Address				Federal Busine		
City, Town or Post Office			St	ate ZIP Code	•	
Contact Person First Name	Last Name			Phone Number	·	
CHECK APPLICABLE BOXES:	(1) Initial return (2) F	Final return	(3) Change of name	e/address TO AMEN	D, FILE FORM 1120X-ME	
Note: Line numbers for this form correspond to the same line numbers on Form 1120ME (see specific instructions)						
FEDERAL TAXABLE INCOM If negative, enter a minus s	IE (federal Form 1120, line 30 or Fori ign in the box to the left of the numb	m 1120A, line 26) per	1		00	
2h. STATE INCOME TAX REFU	NDS included in line 1 above		MINUS 2h		00	
4a. INCOME TAXES IMPOSED	BY MAINE		PLUS 4a			
	egative, enter a minus sign in the box				.00	
7a. MAINE CORPORATE INCOM	ME TAX		7a		<u> </u>	
	STIMATED TAX PAYMENTS (8a) and EX					
	RPAYMENT of estimated tax					
	ne 8 plus line 9b is positive, enter the					
	(If line 7a minus line 8 plus line 9b is					
11a. Amount of OVERPAYMENT	TO BE CREDITED to next year's liab	bility	11a			
11b. Amount of OVERPAYMENT	TO BE REFUNDED		11b			
 TO USE THE SHORT FORM 1120A-ME, YOU MUST MEET ALL OF THE FOLLOWING 100% of business activity conducted in Maine (no apportionment of income). Corporation is not a member of an affiliated group filing a separate return. Corporation claims no tax credits other than extension payments or estimated payments (no real estate withholding payments). Corporation is not required to pay Maine Alternative Minimum Tax. IF YOU DO NOT MEET THESE REQUIREMENTS, THEN FORM 1120ME MUST BE FILED. 						
PRESIDENT'S NAME			SOCIAL SECURITY NU	IMBER LLLI-I		
TREASURER'S NAME			SOCIAL SECURITY NU	JMBER <u> </u> -	<u> </u>	
	examined this return and accompanying scheo parer (other than taxpayer) is based on all infor		nd to the best of my knowledge and b	elief they are File returr Maine Re Income/E	venue Services state Tax Division	
DATE OFFICER'S S	SIGNATURE		TITLE	P.O. Box Augusta,	ME 04332-1062	
	AND ADDRESS OF PREPARER (IN ANIED BY A LEGIBLE COPY OF TH		,	FEDERAL FORM	Office Use Only	